AIDS For Africa

BY MARK SCHOOFS

ANCOUVER, CANA-DA-Most delegates to the huge XI International Conference on AIDS, which opened here this Sunday, came to learn about scientific breakthroughs. But Steve Tusubire, a district health official from Uganda, came to find money. His superior, he said, oredered him "not to miss an opportunity to get some donor to help. No wonder. For all health-care

annual budget of about \$360,000, which has to suffice for 1.3 million people. That's less than 30 cents per person. In Uganda as a whole, total annual health-care spending, public and private, is less than \$5 per person.

Spencer Cox, a veteran activist from New York, recalled a previous AIDS conference: "Some speaker claimed that poverty was the same everywhere, whether in Harlem or in Kenya. Well, it isn't."

Indeed, some Harlem AIDS pa-

needs, not just AIDS, his district has an tients are already on the latest "triple combination" regiments, which combine the new and very expensive "protease inhibitors" with drugs from the old AZT family. But when asked if AZT was available to most patients in their countries, delegates from Senegal, India, Malaysia, and other developing nations answered no. In much of the Third World, they pointed out, even basic antibiotics are in short supply.

Sometimes, even more fundamental needs go unmet. Dr. Eitel Mpoudi Ngolle, who manages Cameroon's AIDS Control Program, bemoaned recent cutbacks in United Nations funding, which have forced more than half the prevention efforts in Ngolle's Central African nation to shut down. They have also crippled the country's epidemiological surveys: There is no money for chemicals needed to test for the virus, nor for computer repairs. "We cannot even maintain our paper supplies," said Dr.

His acquaintance, Dr. Berthe Henriette Nsigue Meilo, summed up the fears of many Third World delegates. There will be two AIDS," she said. "AIDS for the poor countries, and AIDS for developed countries."







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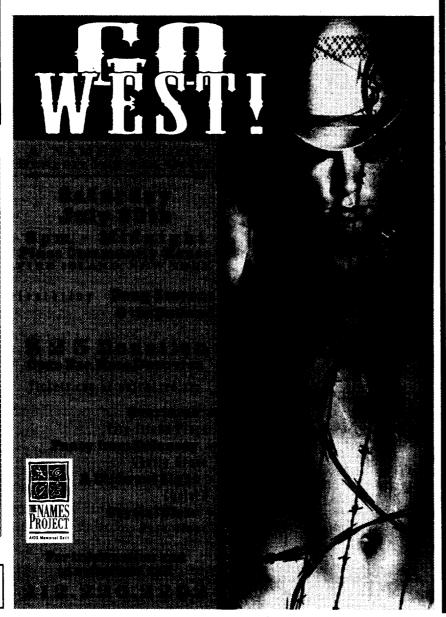
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